

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

Docket No. _____

ICC Office Use Only

KDD AMERICA, INC.

Application for a certificate of
interexchange authority
to operate as a reseller
of telecommunications
services throughout the
State of Illinois.

81-0126

CHIEF CLERK'S OFFICE
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ILLINOIS
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

GENERAL

1. Applicant's Name(including d/b/a, if any) KDD America, Inc. FEIN # 13-352262

Address: Street 375 Park Avenue, 7th Floor

City New York State/Zip NY 10152

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange
☒ 13-404 Resale of Local and/or Interexchange
☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for Local
Exchange Telecommunications Carriers in the State of Illinois

☐ Section 735.180 Directories

☐ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following: **Not applicable.**
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

Applicant proposes to provide service throughout the entire state.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Attached as Attachment A.

7. Please check type of organization?

☐ Individual

☐ Partnership

☐ Other (Specify)

☒ Corporation

Date corporation was formed June 29, 1989

In what state? New York

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Attached as Attachment B.

9. List jurisdictions in which Applicant is offering service(s).

Applicant is authorized to provide service in Alabama, Arizona, California, Connecticut, District of Columbia, Idaho, Indiana, Iowa, Kentucky, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, and Virginia.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

____ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Applicant will locate principal business operations in New York. Should Applicant be required to keep its books and records within the State of Illinois, a significant hardship would be imposed on the Applicant., resulting in a diversion of financial resources that otherwise could be utilized to increase efficiency and service offerings which would directly benefit consumers. Moreover, no public benefit would balance this private hardship as the Applicant will readily provide any necessary information the Commission on request. Therefore, Applicant requests that pursuant to 83 Ill. Adm Code Part 250, the Commission allow Applicant to continue to maintain its books and records in New York.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Attached as Attachment C.

15. List officers of Applicant.

Attached as Attachment D.

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill for its service on a monthly basis. A sample bill is attached as Attachment E.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customer service representatives are available to handle service, billing, and repair complaints via a toll free number. If a complaint can not be resolved the customer will be notified that they may seek assistance from the Commission.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ____ NO

20. What telephone number(s) would a customer use to contact your company?

Toll Free (888) 533-4649

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

X YES _____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant will confirm all orders to change long distance service in accordance with one of three verification processes established by the FCC.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

Not applicable.

_____ YES _____ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

X YES _____ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attached as Attachment F.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? _____ YES X NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

Not Applicable.

If NO, which facility provider(s)'s services does the Applicant intend to use?

Applicant resells the services of Global Crossing, f/k/a Frontier

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Applicant intends to provide MTS, in-WATS, out-WATS, and Casual Call service.

28. Will technical personnel be available at all times to assist customers with service problems?

X YES _____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? X YES NO



(Signature of Applicant)

VERIFICATION

OATH

State of Michigan

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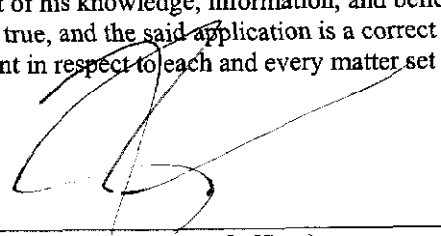
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County of Kalamazoo

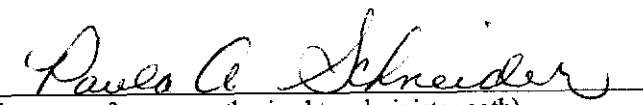
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Patrick D. Crocker makes oath and says that he is the Attorney for KDD America, Inc. and that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public / Paula A. Schneider

in the State and County above named, this 6th day of February, 2001.


(Signature of person authorized to administer oath)

PAULA A SCHNEIDER
Notary Public, Kalamazoo County, MI
My Commission Expires Jun 24, 2004